

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

20 F STREET, NW

SUITE 310 C

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20001-6704

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00325936

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DR. DOUGLAS J. MATHISEN

Signature of Treasurer

DR. DOUGLAS J. MATHISEN

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y Y 01 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		52404.84
(b) Cash on Hand at Beginning of Reporting Period.....	52404.84	
(c) Total Receipts (from Line 19)	42329.00	42329.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	94733.84	94733.84
7. Total Disbursements (from Line 31)	5485.57	5485.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	89248.27	89248.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y
 01 / 31 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

38785.00

38785.00

(ii) Unitemized

3544.00

3544.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

42329.00

42329.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

42329.00

42329.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

42329.00

42329.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

42329.00

42329.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	385.57	385.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	385.57	385.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	100.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	100.00	100.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5485.57	5485.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5485.57	5485.57

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	42329.00	42329.00
34. Total Contribution Refunds (from Line 28(d))	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42229.00	42229.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	385.57	385.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	385.57	385.57

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. KEVIN D. ACCOLA

Mailing Address 217 HILLCREST

City State Zip Code
 ORLANDO FL 32801

FEC ID number of contributing
federal political committee.

C

Name of Employer

CV SURGERY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 27 / 2014

Transaction ID : SA11AI.4960

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR. RICHARD M. ALEXANDER

Mailing Address 7737 SOUTHWEST FREEWAY

City State Zip Code
 HOUSTON TX 77074

FEC ID number of contributing
federal political committee.

C

Name of Employer

TEXAS SURGICAL ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 10 / 2014

Transaction ID : SA11AI.4924

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR. MARK S. ALLEN

Mailing Address 2380 HARDWOOD COURT

City State Zip Code
 ROCHESTER MN 55902

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAYO CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 27 / 2014

Transaction ID : SA11AI.4961

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1865.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. RICHARD ANDERSON

Mailing Address 1001 NORTH MAIN STREET

City State Zip Code
PEORIA IL 61606

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEORIA SURGICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 27 2014

Transaction ID : SA11AI.5055

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR. CARL L. BACKER

Mailing Address 1106 SUNSET ROAD

City State Zip Code
WINNETKA IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHILDREN'S SURGICAL FOUNDATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 27 2014

Transaction ID : SA11AI.4963

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR. JOSEPH E. BAVARIA

Mailing Address 504 WEST ALLENS LANE

City State Zip Code
PHILADELPHIA PA 19119

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF PENNSYLVANIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 27 2014

Transaction ID : SA11AI.4964

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. JOHN H. CALHOON

Mailing Address 24 ARNOLD PALMER

City

SAN ANTONIO

State

TX

Zip Code

78257

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF TEXAS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2014

Transaction ID : SA11AI.4966

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR. ANDREA J. CARPENTER

Mailing Address 7703 FLOYD CURL DRIVE

City

SAN ANTONIO

State

TX

Zip Code

78229

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT HEALTH SCIENCE CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2014

Transaction ID : SA11AI.4967

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR. AARON M. CHENG

Mailing Address 2618 WEST NEWTON STREET

City

SEATTLE

State

WA

Zip Code

98199

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF WASHINGTON

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 26 / 2014

Transaction ID : SA11AI.5065

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 9 OF 27
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. JOSEPH C. CLEVELAND

Mailing Address 9176 EAST WESLEY AVENUE

City	State	Zip Code
DENVER	CO	80231

FEC ID number of contributing federal political committee.

 Name of Employer
 UNIVERSITY OF COLORADO

 Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2014

Transaction ID : SA11AI.4968

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. DR. ROBIN G. COHEN

Mailing Address 296 WEST ORANGE GROVE AVENUE

City	State	Zip Code
ARCADIA	CA	91006

FEC ID number of contributing federal political committee.

 Name of Employer
 USC SCHOOL OF MEDICINE

 Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2014

Transaction ID : SA11AI.4969

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. DR. L. SCOTT COOK

Mailing Address 620 UNIVERSITY AVENUE

City	State	Zip Code
URBANA	IL	61802

FEC ID number of contributing federal political committee.

 Name of Employer
 CARLE FOUNDATION

 Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2014

Transaction ID : SA11AI.4971

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. DANIEL CUADRADO

Mailing Address 7429 RIVERFRONT DRIVE

City
NASHVILLE

State Zip Code
TN 37221

FEC ID number of contributing
federal political committee.

C

Name of Employer
VANDERBILT UNIVERSITY

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

01 / 31 / 2014

Transaction ID : SA11AI.5023

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. DR. KIM DUNCAN

Mailing Address 13517 CHARLES CIRCLE

City
OMAHA

State Zip Code
NE 68154

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHILDRENS SPECIALTY PHYSICIANS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 28 / 2014

Transaction ID : SA11AI.5047

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR. T. ARTHUR EDGERTON

Mailing Address 1 ROYAL DORNACH LANE

City
PINEHURST

State Zip Code
NC 28374

FEC ID number of contributing
federal political committee.

C

Name of Employer
FIRST HEALTH OF THE CAROLINAS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 31 / 2014

Transaction ID : SA11AI.5016

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. RICHARD K. FREEMAN

Mailing Address 11685 BRADFORD PLACE

City	State	Zip Code
CARMEL	IN	46033

FEC ID number of contributing federal political committee.

C

Name of Employer

ST. VINCENT MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2014

Transaction ID : SA11AI.4974

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR. DAVID A. FULLERTON

Mailing Address 275 LAFAYETTE STREET

City	State	Zip Code
DENVER	CO	80218

FEC ID number of contributing federal political committee.

C

Name of Employer

UNIVERSITY OF COLORADO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2014

Transaction ID : SA11AI.4975

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR. STANLEY A. GALL

Mailing Address 1621 BURGH HEATH

City	State	Zip Code
KINGSPORT	TN	37660

FEC ID number of contributing federal political committee.

C

Name of Employer

WELLMONT HEALTH SYSTEM

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2014

Transaction ID : SA11AI.4976

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. FREDERICK L. GROVER

Mailing Address 3000 EAST CEDAR AVENUE

City State Zip Code
 DENVER CO 80209

FEC ID number of contributing
federal political committee.

C

Name of Employer

CU SCHOOL OF MEDICINE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 27 / 2014

Transaction ID : SA11AI.4978

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR. JOHN W. HAMMON

Mailing Address 1001 DALTON ROAD

City State Zip Code
 LEWISVILLE NC 27023

FEC ID number of contributing
federal political committee.

C

Name of Employer

WAKE FOREST SCHOOL OF MEDICINE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 27 / 2014

Transaction ID : SA11AI.4979

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR. JOHN L. HARLAN

Mailing Address 2871 ACTON ROAD

City State Zip Code
 BIRMINGHAM AL 35243

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT SURGEONS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 28 / 2014

Transaction ID : SA11AI.4937

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. LACY HARVILLE

Mailing Address 1005 GOLF VIEW LANE

City

KNOXVILLE

State

TN

Zip Code

37922

FEC ID number of contributing
federal political committee.

C

Name of Employer

COVENANT HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2014

Transaction ID : SA11AI.5074

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR. KEITH A. HORVATH

Mailing Address 4622 CHARLESTON TERRACE, NW

City

WASHINGTON

State

DC

Zip Code

20007

FEC ID number of contributing
federal political committee.

C

Name of Employer

JOHNS HOPKINS

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2014

Transaction ID : SA11AI.4981

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR. BADR IDBEIS

Mailing Address 9012 EAST WILDWOOD

City

WICHITA

State

KS

Zip Code

67226

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2014

Transaction ID : SA11AI.4982

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. R. KENT JEX

Mailing Address 6600 SOUTH 66TH STREET

City
LINCOLN

State Zip Code
NE 68516

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEBRASKA HEART INSTITUTE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 09 / 2014

Transaction ID : SA11AI.4920

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR. DAVID R. JONES

Mailing Address 345 EAST 68TH STREET

City
NEW YORK

State Zip Code
NY 10065

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMORIAL SLOAN KETTERING

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2014

Transaction ID : SA11AI.4984

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR. VIJAY KANTAMNENI

Mailing Address 3905 NICOLET COURT

City
VERONA

State Zip Code
WI 53593

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEAN HEALTH SYSTEM

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

01 / 31 / 2014

Transaction ID : SA11AI.5026

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. KIRK B. KANTER

Mailing Address 2370 BRIARCLIFF COMMONS

City State Zip Code
 ATLANTA GA 30345

FEC ID number of contributing
federal political committee.

C

Name of Employer
 EMORY UNIVERSITY

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2014

Transaction ID : SA11AI.5058

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR. DAVID G. KASTL

Mailing Address 25 HOSPITAL CENTER BOULEVARD

City State Zip Code
 HILTON HEAD SC 29926

FEC ID number of contributing
federal political committee.

C

Name of Employer
 TENET HEALTHCARE

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

01 / 27 / 2014

Transaction ID : SA11AI.4985

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. DR. ROBERT C. KING

Mailing Address 2771 HEMLOCK STREET

City State Zip Code
 BREMERTON WA 98110

FEC ID number of contributing
federal political committee.

C

Name of Employer
 HARRISON MEDICAL CENTER

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 28 / 2014

Transaction ID : SA11AI.4940

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. JAVIAR A. LAFUENTE

Mailing Address 18400 KATY FREEWAY

City
HOUSTON

State Zip Code
TX 77094

FEC ID number of contributing
federal political committee.

C

Name of Employer
METHODIST HOSPITAL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2014

Transaction ID : SA11AI.4988

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR. STEPHEN J. LAHEY

Mailing Address 60 BRADFORD WALK

City
FARMINGTON

State Zip Code
CT 06032

FEC ID number of contributing
federal political committee.

C

Name of Employer
UC HEALTH CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2014

Transaction ID : SA11AI.4989

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. DR. RAJ B. LAL

Mailing Address 2809 MEYERS ROAD

City
OAK BROOK

State Zip Code
IL 60523

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2014

Transaction ID : SA11AI.4990

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1115.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. LEONARD LAPKIN

Mailing Address 3673 DAHLIA COURT

City State Zip Code
 GRAND JUNCTION CO 81506

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST. MARY'S HOSPITAL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11AI.5028

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR. ROBERT B. LEE

Mailing Address 201 GILLESPIE ROAD

City State Zip Code
 FRANKLIN TN 37067

FEC ID number of contributing
federal political committee.

C

Name of Employer
VANDERBILT UNIVERSITY

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 27 / 2014

Transaction ID : SA11AI.4991

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR. SIDNEY LEVITSKY

Mailing Address 165 TREMONT STREET

City State Zip Code
 BOSTON MA 02111

FEC ID number of contributing
federal political committee.

C

Name of Employer
HARVARD UNIVERSITY

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 26 / 2014

Transaction ID : SA11AI.5068

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. PAUL S. LEVY

Mailing Address 4264 ANNANDALE CIRCLE

City

JONESBORO

State

AR

Zip Code

72404

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEA BAPTIST

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2014

Transaction ID : SA11AI.4992

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR. THOMAS E. MACGILLIVRAY

Mailing Address 112 MOUNT VERNON STREET

City

BOSTON

State

MA

Zip Code

02108

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS GENERAL HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2014

Transaction ID : SA11AI.4993

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR. DOUGLAS J. MATHISEN

Mailing Address 60 PINE STREET

City

DOVER

State

MA

Zip Code

02030

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS GENERAL HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 28 / 2014

Transaction ID : SA11AI.4944

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. THOMAS L. MATTHEW

Mailing Address 7105 QUIET RETREAT COURT

City State Zip Code
 NIWOT CO 80503

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNIVERSITY OF COLORADO HEALTH

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 30 / 2014

Transaction ID : SA11AI.4928

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR. JOSEPH MCCLAIN

Mailing Address 1406 HOUNDHILL ROAD

City State Zip Code
 CROFTON MD 21114

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MARYLAND VEIN PROFESSIONALS

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

01 / 31 / 2014

Transaction ID : SA11AI.5032

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. DR. WALTER MCGREGOR

Mailing Address 1861 WINCHESTER DRIVE

City State Zip Code
 PITTSBURGH PA 15241

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ALLEGHENY GENERAL HOSPITAL

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

01 / 28 / 2014

Transaction ID : SA11AI.5049

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. KEITH S. NAUNHEIM

Mailing Address 52 MIDDLESEX DRIVE

City State Zip Code
 ST. LOUIS MO 63144

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST. LOUIS UNIVERSITY

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 27 2014

Transaction ID : SA11AI.4995

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR. FRANCIS C. NICHOLS

Mailing Address 1034 WEATHERHILL LANE SOUTHWEST

City State Zip Code
 ROCHESTER MN 55902

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAYO CLINIC

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 27 2014

Transaction ID : SA11AI.4996

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR. MARK B. ORRINGER

Mailing Address 1389 TOWSLEY

City State Zip Code
 ANN ARBOR MI 48109

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF MICHIGAN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 28 2014

Transaction ID : SA11AI.4955

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. G. ALEXANDER PATTERSON

Mailing Address 3108 QUEENY

City

ST. LOUIS

State

MO

Zip Code

63105

FEC ID number of contributing
federal political committee.

C

Name of Employer

WASHINGTON UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2014

Transaction ID : SA11AI.4998

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR. JOHN PUSKAS

Mailing Address 854 CARLTON RIDGE

City

ATLANTA

State

GA

Zip Code

30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMORY UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2014

Transaction ID : SA11AI.4999

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR. V. SEENU REDDY

Mailing Address 2400 PATTERSON AVENUE

City

NASHVILLE

State

TN

Zip Code

37212

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCA HEALTHCARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 26 / 2014

Transaction ID : SA11AI.5071

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

2365.00

TOTAL This Period (last page this line number only)..... ►

X	11a		11b		11c		12		
	13		14		15		16		17

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. MARK E. SAND

Mailing Address 1401 NORTH NEW YORK AVENUE

City State Zip Code
WINTER PARK FL 32781

FEC ID number of contributing
federal political committee.

C

Name of Employer
ORLANDO HEALTH

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 28 / 2014

Transaction ID : SA11AI.4956

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. WILLIAM F. SEWARD

Mailing Address 2312 FORESTVIEW ROAD

City State Zip Code
EVANSTON IL 60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOCIETY OF THORACIC SURGEONS

Occupation
ASSOCIATE EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2014

Transaction ID : SA11AI.5001

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR. MEDHAT W. TAKLA

Mailing Address 820 ARBOR STREET NORTHEAST

City State Zip Code
CONCORD NC 28025

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHEAST CARDIOVASCULAR

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2014

Transaction ID : SA11AI.5003

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. JESS L. THOMPSON

Mailing Address 12451 NORTH LANTERN WAY

City State Zip Code
 ORO VALLEY AZ 85755

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNIVERSITY OF ARIZONA

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 30 / 2014

Transaction ID : SA11AI.4932

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR. ROBERT F. TRANBUSH

Mailing Address 1105 PARK AVENUE

City State Zip Code
 NEW YORK NY 10128

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BETH ISRAEL MEDICAL CENTER

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 31 / 2014

Transaction ID : SA11AI.5038

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR. SALIM M. WALJI

Mailing Address P.O. BOX 4488

City State Zip Code
 ALBUQUERQUE NM 87196

FEC ID number of contributing
federal political committee.

C

Name of Employer
 LOVELACE MEDICAL CENTER

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 28 / 2014

Transaction ID : SA11AI.4959

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. MATTHEW L. WILLIAMS

Mailing Address 302 MOCKINGBIRD GARDENS DRIVE

City State Zip Code
LOUISVILLE KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF LOUISVILLE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2014

Transaction ID : SA11AI.5006

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR. DOUGLAS E. WOOD

Mailing Address 1944 15TH AVENUE EAST

City State Zip Code
SEATTLE WA 98112

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF WASHINGTON

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2014

Transaction ID : SA11AI.5008

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR. THOMAS C. WOZNAK

Mailing Address 13855 COLDWATER DRIVE

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing
federal political committee.

C

Name of Employer

INDIANA UNIVERSITY HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 30 / 2014

Transaction ID : SA11AI.4933

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. CAMERON D. WRIGHT

Mailing Address 734 EAST 8TH STREET

City
BOSTON

State Zip Code
MA 02127

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS GENERAL HOSPITAL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2014

Transaction ID : SA11AI.5009

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. ROBERT A. WYNBRANDT

Mailing Address 921 DRYDEN LANE

City
HIGHLAND PARK

State Zip Code
IL 60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOCIETY OF THORACIC SURGEONS

Occupation
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2014

Transaction ID : SA11AI.5011

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

865.00

38785.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
01		15		2014

Mailing Address 120 MARYLAND AVE, NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type**Transaction ID : SB23.4926**

Amount of Each Disbursement this Period

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

5000.00

TOTAL This Period (last page this line number only).....▶

5000.00
